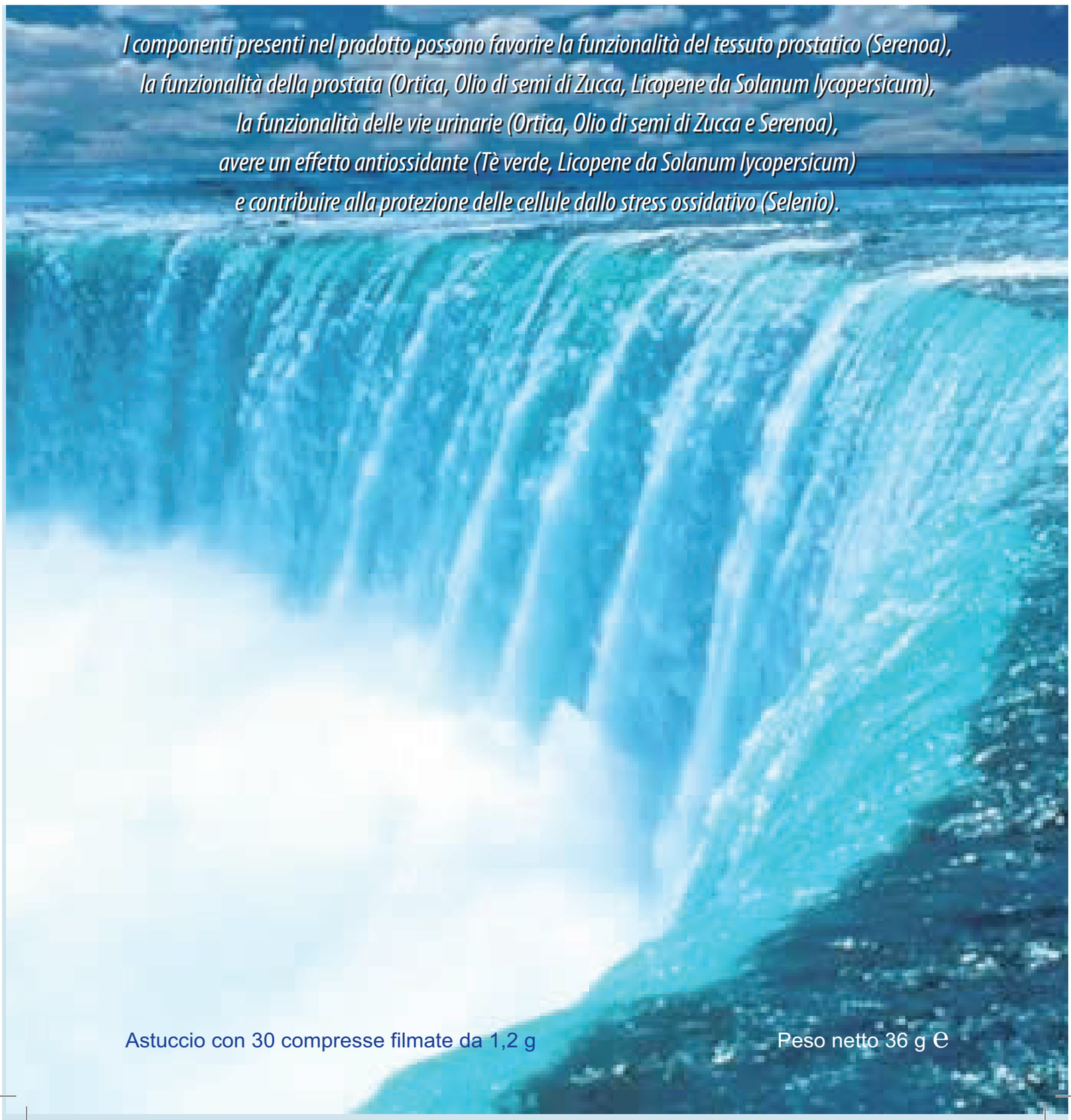
# UREIDRA

**INTEGRATORE ALIMENTARE**



*I componenti presenti nel prodotto possono favorire la funzionalità del tessuto prostatico (Serenoa), la funzionalità della prostata (Ortica, Olio di semi di Zucca, Licopene da Solanum lycopersicum), la funzionalità delle vie urinarie (Ortica, Olio di semi di Zucca e Serenoa), avere un effetto antiossidante (Tè verde, Licopene da Solanum lycopersicum) e contribuire alla protezione delle cellule dallo stress ossidativo (Selenio).*

Astuccio con 30 compresse filmate da 1,2 g

Peso netto 36 g e

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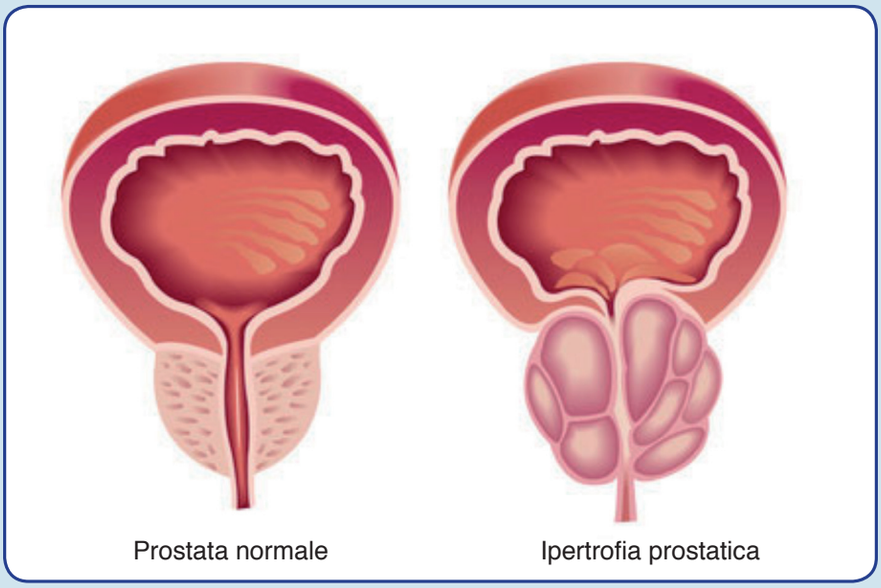
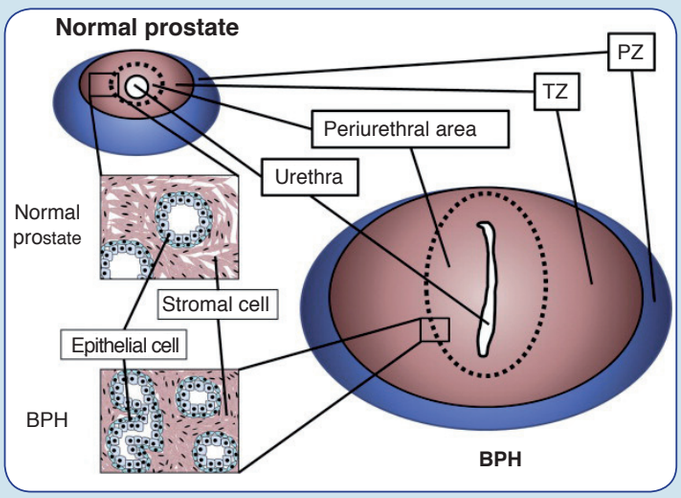
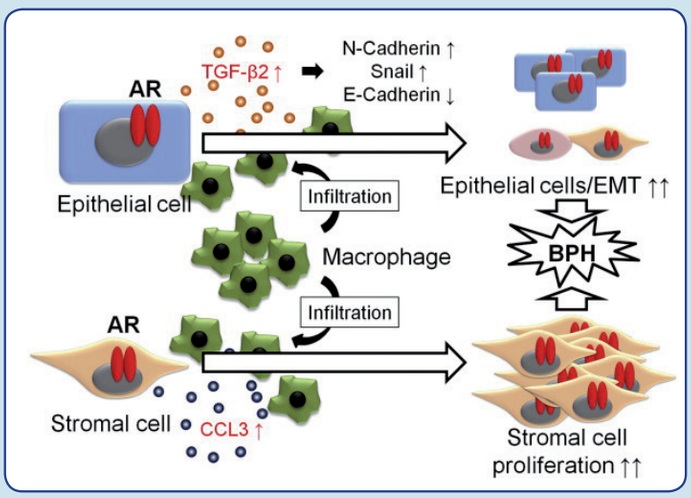
# IPERTROFIA PROSTATICA:
## *meccanismi patogenetici*

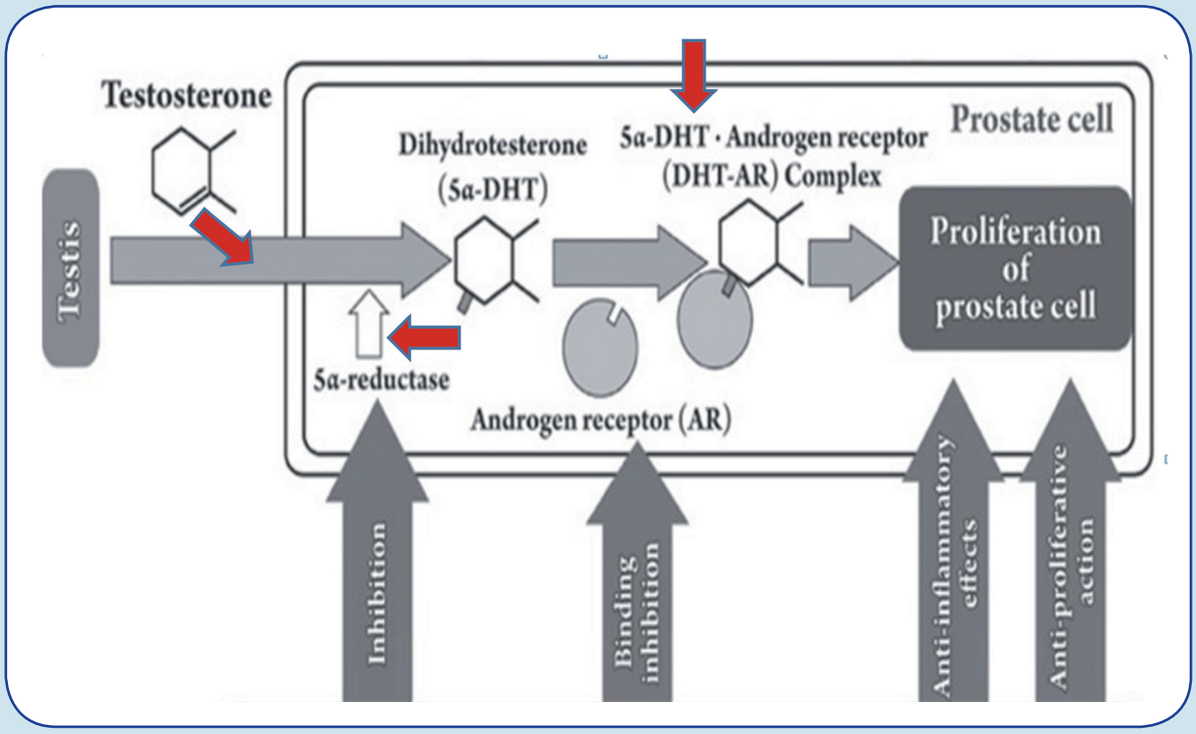


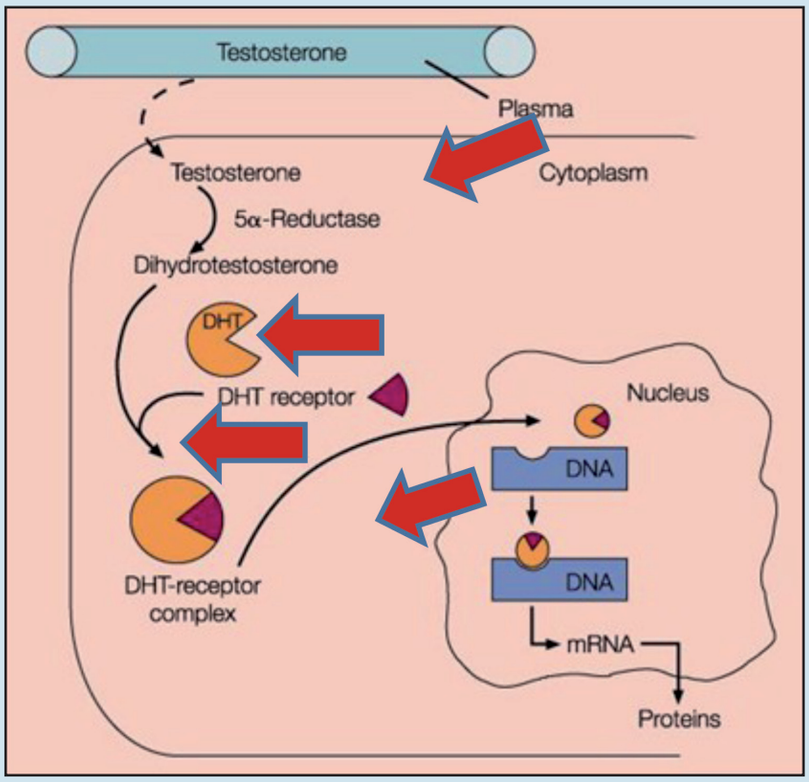
Prostata normale Ipertrofia prostatica

- Proliferazione cellulare
- Alterazione dell'apoptosi cellulare
- Infiammazione



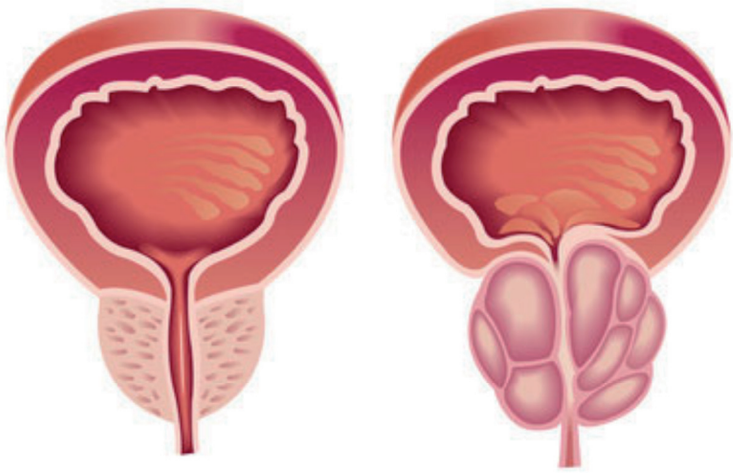




Testosterone
Testis
Dihydrotesterone
(5α-DHT)
5α-DHT · Androgen receptor
(DHT-AR) Complex
Prostate cell
Proliferation
of
prostate cell
5α-reductase
Androgen receptor (AR)
Inhibition
Binding
inhibition
Anti-inflammatory
effects
Anti-proliferative
action


Testosterone
Plasma
Testosterone
Cytoplasm
5α-Reductase
Dihydrotestosterone
DHT
DHT receptor
Nucleus
DNA
DNA
DHT-receptor
complex
mRNA
Proteins

# UREIDRA

- Consiste nell'Associazione di più principi attivi, scientificamente validati, al fine di ottenere una azione più completa ed efficace nella prevenzione e nel trattamento delle patologie prostatiche.



Prostata normale



Ipertrofia prostatica

# UREIDRA:
## *meccanismo d'azione*

- Inibizione più completa della 5alpha reduttasi
- Azione a livello del recettore degli androgeni
- Azione antiinfiammatoria
- Azione antiproliferativa
- Azione apoptotica

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- E’ Infatti scientificamente dimostrato che la Serenoa Repens anche ad alte concentrazioni può avere una scarsa efficacia clinica che invece aumenta quando associata al licopene ed al selenio.

Cochrane Database Syst Rev. 2012 Dec 12;12:CD001423. doi: 10.1002/14651858.CD001423.pub3.

# Serenoa repens for benign prostatic hyperplasia.

Tacklind J[1], Macdonald R, Rutks I, Stanke JU, Wilt TJ.

## Author information

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## Abstract

### BACKGROUND:

Benign prostatic hyperplasia (BPH) is a nonmalignant enlargement of the prostate, which can lead to obstructive and irritative lower urinary tract symptoms (LUTS). The pharmacologic use of plants and herbs (phytotherapy) for the treatment of LUTS associated with BPH is common. The extract of the berry of the American saw palmetto, or dwarf palm plant, Serenoa repens (SR), which is also known by its botanical name of Sabal serrulatum, is one of several phytotherapeutic agents available for the treatment of BPH.

### OBJECTIVES:

This systematic review aimed to assess the effects and harms of Serenoa repens in the treatment of men with LUTS consistent with BPH.

### SEARCH METHODS:

We searched for trials in general and in specialized databases, including the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE®, EMBASE, CINAHL®, Web of Science, SCOPUS, BIOSIS Previews®, LILACS, ClinicalTrials.gov, Controlled-Trials.com, World Health Organization (WHO), and Google Scholar. We also handsearched systematic reviews, references, and clinical practice guidelines. There were no language restrictions.

### SELECTION CRITERIA:

Trials were eligible if they randomized men with symptomatic BPH to receive preparations of SR (alone or in combination) for at least four weeks in comparison with placebo or other interventions, and included clinical outcomes, such as urologic symptom scales, symptoms, and urodynamic measurements. Eligibility was assessed by at least two independent observers (JT, RM).

### DATA COLLECTION AND ANALYSIS:

One review author (JT) extracted Information on patients, interventions, and outcomes which was then checked by another review author (RM). The main outcome measure for comparing the effectiveness of SR with active or inert controls was change in urologic symptom-scale scores, with validated scores taking precedence over non validated ones. Secondary outcomes included changes in nocturia and urodynamic measures. The main outcome measure for harms was the number of men reporting side effects.

### MAIN RESULTS:

In a meta-analysis of two high quality long-term trials (n = 582), Serenoa repens therapy was not superior to placebo in reducing LUTS based on the AUA (mean difference (MD) 0.25 points, 95% confidence interval (CI) -0.58 to 1.07). A 72 week trial with high quality evidence, using the American Urological Association Symptom Score Index, reported that SR was not superior to placebo at double and triple doses. In the same trial the proportions of clinical responders (≥ three-point improvement) were nearly identical (42.6% and 44.2% for SR and placebo, respectively), and not significant (RR 0.96, 95% CI 0.76 to 1.22).This update, which did not change our previous conclusions, included two new trials with 444 additional men, an 8.5% (5666/5222) increase from our 2009 updated review, and a 28.8% (1988/1544) increase for our main comparison, SR monotherapy versus placebo control (17 trials). Overall, 5666 men were assessed from 32 randomized, controlled trials, with trial lengths from four to 72 weeks. Twenty-seven trials were double blinded and treatment allocation concealment was adequate in 14.In a trial of high quality evidence (N = 369), versus placebo, SR did not significantly decrease nightly urination on the AUA Nocturia scale (range zero to five) at 72 weeks follow-up (one-sided P = 0.19).The three high quality, moderate-to-long term trials found peak urine flow was not improved with Serenoa repens compared with placebo (MD 0.40 mL/s, 95% CI -0.30 to 1.09).Comparing prostate size (mean change from baseline), one high quality 12-month trial (N = 225) reported no significant difference between SR and placebo (MD -1.22 cc, 95% CI -3.91 to 1.47).

### AUTHORS' CONCLUSIONS:

Serenoa repens, at double and triple doses, did not improve urinary flow measures or prostate size in men with lower urinary tract symptoms consistent with BPH.

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Curr Med Chem. 2013;20(10):1306-12.

# Serenoa Repens, lycopene and selenium: a triple therapeutic approach to manage benign prostatic hyperplasia.

Minutoli L[1], Bitto A, Squadrito F, Marini H, Irrera N, Morgia G, Passantino A, Altavilla D.

## Author information

• [1]Department of Clinical and Experimental Medicine, University of Messina, Messina, Italy.

## Abstract

Benign prostatic hyperplasia (BPH) is a major health concern that is likely to have an increasing impact in line with the gradual aging of the population. BPH is characterized by smooth muscle and epithelial proliferation primarily within the prostatic transition zone that can cause a variety of problems for patients, the most frequent are the lower urinary tract symptoms. BPH is thought to involve in disruption of dihydrotestosterone (DHT)-supported homeostasis between cell proliferation and cell death, and, as a result, proliferative processes predominate and apoptotic processes are inhibited. Phytotherapeutic supplements, mainly based on Saw Palmetto-derived Serenoa Repens (SeR), are numerous and used frequently. Serenoa Repens reduces inflammation and decreases in vivo the androgenic support to prostatic cell growth. Furthermore, SeR stimulates the apoptotic machinery; however, data supporting efficacy is limited, making treatment recommendations difficult. Besides SeR, selenium (Se), an essential trace element mainly functioning through selenoproteins and able to promote an optimal antioxidant/oxidant balance, and lycopene (Ly), a dietary carotenoid synthesized by plants, fruits, and microorganisms with a strong antioxidant activity, has been shown to exert beneficial effects in prostate disease. SeR is frequently associated with Ly and Se, in order to increase its therapeutic activity in benign prostatic hyperplasia (BPH). It has been shown that the Ly-Se-SeR association has a greater and enhanced antiinflammatory activity that might be of particular interest in the treatment of BPH. The Ly-Se-SeR association is also more effective than SeR alone in reducing prostate weight and hyperplasia, in augmenting the pro-apoptotic Bax and caspase-9 and blunting the anti-apoptotic Bcl-2 mRNA. In addition, Ly-Se-SeR more efficiently suppresses the EGF and Vascular Endothelial Growth Factor (VEGF) expressions in hyperplastic prostates. Therefore, SeR particularly when combined with Se and Ly may have a greater potential for the management of benign prostate hyperplasia.

# SERENOA REPENS

- Acidi grassi presenti in alta concentrazione, come raccomandato dal WHO
- Azione di blocco di entrambi gli isoenzimi della 5 alpha reduttasi
- Blocco dell'attivita del recettore estrogenico prostatico
- Azione antiproliferativa (blocco fattori di crescita)
- Azione antiinfiammatoria
- Azione spasmolitica vescicale

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# LICOPENE

- Il licopene tende a concentrarsi a livello prostatico
- Azione antiossidante
- Inibizione della crescita prostatica ed aumento dell'apoptosi
- Inibizione della 5 alpha reduttasi
- Stimolazione della "comunicazione cellulare" gap junction mediata
- Diminuzione del cell signalling
- Azione preventiva sul BPH e cancro della prostata

# SELENIO


- Azione antiinfiammatoria
- Attività antiossidante
- Diminuzione della proliferazione cellulare
- Aumento dell’attività apoptotica

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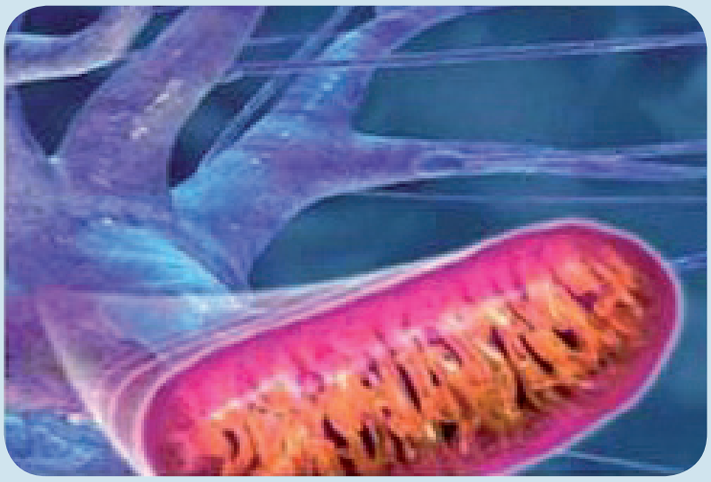
# EPIGALLOCATECHINA 3 GALLATO



- Azione antiossidante
- Azione antiproliferativa(VEGF)
- Azione sul recettore degli androgeni (acetilazione inibita)
- Azione preventiva sul tumore prostatico
- Azione sinergica con la quercetina che ne diminuisce la metilazione e ne aumenta la biodisponibilità

# PYGEUM AFRICANUM

- Azione antiandrogenica ottenuta mediante il blocco della traslocazione nucleare
- Azione antiproliferativa ed apoptotica sui fibroblasti e miofibroblasti prostatici tramite una down regulation del TGF Beta1ed inibizione del FGF2
- Azione antiinfiammatoria mediante l'inibizione delle 5 -alpha ossigenasi
- Inibizione dei livelli di prolattina e riduzione dell'accumulo di colesterolo nella prostata
- Azione protettiva vescicale dai radicali liberi

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# CUCURBITA PEPO
## (OLIO DI SEMI DI ZUCCA)

- Inibizione del binding del DHT al recettore degli androgeni
- Inibizione della 5 alpha reduttasi

# URTICA DIOICA

- Azione antiproliferativa(blocco del binding del EGF al recettore specifico)
- Azione antiinfiammatoria (inibizione COX e lipoossigenasi)
- Inibizione del binding della SHBG al recettore specifico di membrana delle cellule prostatiche
- Inibizione dell’aromatasi
- Inibizione 5 alpha reduttasi

# UREIDRA

**INTEGRATORE ALIMENTARE**

*I componenti presenti nel prodotto possono favorire la funzionalità del tessuto prostatico (Serenoa), la funzionalità della prostata (Ortica, Olio di semi di Zucca, Licopene da Solanum lycopersicum), la funzionalità delle vie urinarie (Ortica, Olio di semi di Zucca e Serenoa), avere un effetto antiossidante (Tè verde, Licopene da Solanum lycopersicum) e contribuire alla protezione delle cellule dallo stress ossidativo (Selenio).*

Integratore alimentare di Selenio e Licopene e Quercetina con olio di semi di Zucca ed estratti vegetali di Tè verde, Serenoa, Ortica e Pygeum africanum indicato per fornire un apporto supplementare di tali nutrienti in caso di carenze o aumentato fabbisogno.

**Ingredienti:**
Tè verde (Camelia sinensis L. Kuntze, folium; maltodestrina) e.s. 40% in EGCG (epigallocatechina-gallato); Serenoa (Serenoa repens B., fructus; maltodestrina) e.s. 85% in acidi grassi totali; agenti di filmatura: talco, idrossipropilmetilcellulosa, gommalacca alimentare, colorante (E171); Ortica (Urtica dioica L., radix; maltodestrina) e.s. 0,4% in $\beta$-sitosteroli; Olio di semi di Zucca (Cucurbita maxima D., oleum; biossido di silicio); Pygeum africanum (Prunus africana H.; cortex; maltodestrina) e.s. 5:1; agenti di carica: cellulosa microcristallina, carbossimetilcellulosa sodica reticolata; Quercetina; Licopene 10% (da Solanum lycopersicum L., fructus; maltodestrina); Selenio (Selenio-metionina); antiaggregante: sali di magnesio dell'acido stearico.

**Modalità d'uso:**
si consiglia di assumere 2 compresse al giorno, insieme o in diversi momenti della giornata; da deglutire senza masticare nè spezzare.

**COMPOSIZIONE MEDIA**

| Componenti | Per 2 Cpr | Per 100 g | *VNR% |
|---|---|---|---|
| Tè verde e.s. 40% | 750 mg | 31,25 g | --- |
| *di cui EGCG* | *300 mg* | *25 g* | |
| Serenoa e.s. 85% | 320 mg | 26,6 g | --- |
| *di cui acidi grassi* | *272 mg* | *22,6 g* | |
| Ortica e.s. 0,4% | 120 mg | 10 g | --- |
| *di cui $\beta$-sitosteroli* | *0,48 mg* | *40 mg* | |
| Pygeum africanum e.s. 5:1 | 100 mg | 8,3 g | --- |
| Olio di semi di Zucca | 60 mg | 5 g | --- |
| Quercetina | 50 mg | 4,15 g | --- |
| Licopene | 5 mg | 0,42 g | --- |
| Selenio | 50 mcg | 4,2 mg | 90,9% |

***VNR%: Valore Nutritivo di Riferimento per dose pari a 2 compresse**

Astuccio con 30 compresse filmate da 1,2 g

Peso netto 36 g e